

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
---	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  A life safety code survey was initiated and concluded on July 29, 2010, for compliance with Title 42, Code of Federal Regulations, §483.70. The facility was found not to be in compliance with NFPA 101 Life Safety Code, 2000 Edition. Deficiencies were cited with the highest deficiency identified at "F" level.	K 000		
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that a room open to the corridor would not interfere with egress requirements according to life safety code standards. This deficient practice affected one (1) of seven (7) smoke compartments, staff and approximately twenty (20) residents. The facility has the	K 017	<b>K-017</b> Red marking strips have been install to designate the clear path area of egress in the Therapy Area. This area will not be used for any type of temporary or permanent storage. Locks have been removed from the double doors leading into the Therapy area. The current Therapy space was approved by the State Fire Marshall as part of the Out Patient Rehab Agency Licensure process. Therapy staff have been in serviced on the importance of keeping the path of egress clear of obstruction. The therapy area will be added to the daily Housekeeping Supervisors daily rounds checklist. Rehab Manager and Administrator will monitor for daily compliance.  Completion Date August 12, 2010	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>[Signature]</i>	<b>X ADMINISTRATOR</b>	<b>8/20/10</b>

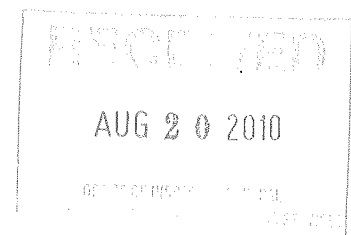
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

AUG 20 2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

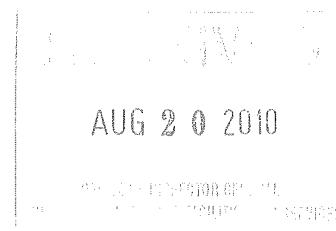
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185259	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/29/2010
NAME OF PROVIDER OR SUPPLIER  BRITTHAVEN OF PROSPECT			STREET ADDRESS, CITY, STATE, ZIP CODE 6301 BASS ROAD PROSPECT, KY 40059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 017	<p>Continued From page 1</p> <p>capacity for 100 beds with a census of 89 the day of survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on July 29, 2010, at 11:15am, with the Director of Maintenance, a therapy room was observed at the end of the south corridor. A set of cross corridor doors that led to the therapy room was noted to have a dead bolt type lock at the top of the door. This room, the contents of the room and the doors obstruct access to a required exit and are not permitted. The fire marshal's office cited the facility on September 15, 2003, for having this type of lock on this door and other doors that led to required exits throughout the facility. An interview with the Director of Maintenance revealed he forgot to remove all the locks. The Director of Maintenance was not aware the corridor area in which the therapy room was located did not meet life safety requirements and could no longer be used for a therapy room.</p> <p>19.3.6.1 Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. (See also 19.2.5.9.) Exception No. 1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have spaces that are unlimited in size open to the corridor, provided that the following criteria are met: (a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas. (b) The corridors onto which the spaces open in</p>	K 017			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 017	Continued From page 2 the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers. (c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (d) The space does not obstruct access to required exits.  7.5.1.1 Exits shall be located and exit access shall be arranged so that exits are readily accessible at all times.	K 017			
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	<b>K-018</b> The facility Maintenance Director will install magnet catches on the patient rooms doors in rooms listed below;  4,6,7,10,15,19,22,24,26,31,33,34, 35, and 51  And any other patient room doors that do not stay open without the catches.  All waste receptacles will be removed from the location of holding these doors open.		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

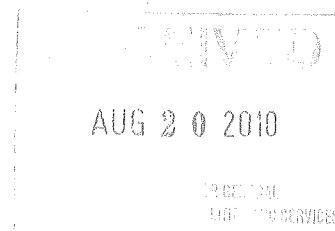
PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185259	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/29/2010
NAME OF PROVIDER OR SUPPLIER  BRITTHAVEN OF PROSPECT			STREET ADDRESS, CITY, STATE, ZIP CODE 6301 BASS ROAD PROSPECT, KY 40059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that there was no impediment to the closing of corridor doors.</p> <p>The findings include:</p> <p>During the Life Safety Code tour conducted on July 29, 2010, at 9:30am, with the Director of Maintenance, resident room corridor door 33 was noted to have a waste receptacle located in front of the open door. When the waste receptacle was removed the door would slowly close. An interview at this time revealed that the maintenance director was unaware that there should be no impediment to closing of doors. Other resident room corridor doors noted during the survey with waste receptacles holding doors open include, but not limited to resident rooms 4, 6, 7, 10, 15, 19, 22, 24, 26, 31, 33, 34, 35 and 51.</p> <p>At 10:40am, the computer and med. room were noted to have ventilation vents in the bottom half of the doors in the open area of the facility at the nurse's station. Ventilation vents cannot be used in these rooms to help prevent smoke in case of fire from affecting access to exits. An interview revealed the Director of Maintenance was not aware of this requirement.</p> <p>NFPA 101 2000 edition</p>	K 018	<p><b>K018 continued;</b></p> <p>The doors in all patient rooms will be checked daily by the Maintenance Director or the Housekeeping Supervisor to ensure that the doors are not obstructed from closing.</p> <p>The administrator will monitor the doors daily during rounds for compliance</p> <p><b>Completion Date: August 31, 2010</b></p> <p>The door vent grills in the Medication Room, and the Computer Equipment room have been covered and sealed with fire rated drywall.</p> <p><b>Completion Date: August 13, 2010</b></p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

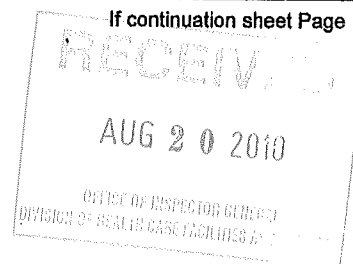
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018	Continued From page 4 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted.  A.19.3.6.3.3 Doors should not be blocked open by furniture, door stops, chocks, tie-backs, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action to close. Examples of hold-open devices that release when the door is pushed or pulled are friction catches or magnetic catches.  19.3.6.4 Transfer Grilles. Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in these walls or doors. Exception: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall be permitted to have ventilating louvers or to be undercut.	K 018			
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025	<b>K-025</b> All smoke / fire barriers in the attic areas have been checked by the Maintenance Director and penetrations have been properly sealed around conduit and wiring that pass thru the fire / smoke barriers and holes have been properly filled to maintain at least a one-half hour fire resistance rating.		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

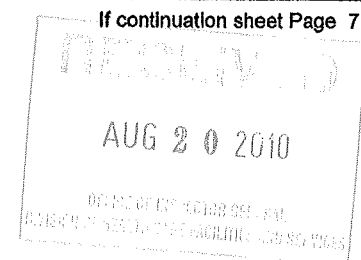
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain smoke barriers with at least a one-half hour fire resistance rating as required. The facility failed to ensure that penetrations above fire/smoke barrier doors were properly sealed. This deficient practice affected seven (7) of seven (7) smoke compartments, staff and all the residents. The facility has the capacity for 100 beds with a census of 89 the day of survey.</p> <p>The findings include:</p> <p>During the Life Safety Code survey on July 29, 2010, at 10:00am, with the Director of Maintenance, unsealed penetrations around electrical wiring, conduit and holes were noted in the fire/smoke barrier wall above the dining hall cross-corridor doors. Fire/smoke barrier walls must be properly maintained to prevent fire and smoke from spreading to other areas of the facility. During the survey five (5) other cross corridor doors were observed with this type of penetrations. An interview revealed the Director of Maintenance was not aware these penetrations had not been properly sealed.</p> <p>Reference: NFPA 101 2000 edition</p> <p>8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows:</p> <p>(a) The space between the penetrating item and the smoke barrier shall</p> <p>1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or</p>	K 025	<p><b>K-025 continued;</b></p> <p>The Maintenance Director will make weekly checks of the attic areas for continued proper maintenance of the smoke / fire barriers, and will inspect and repair if necessary any area immediately following a repair or installation by an outside contractor that may affect the integrity of the smoke / fire barrier.</p> <p><b>Completion Day: August 20, 2010</b></p>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

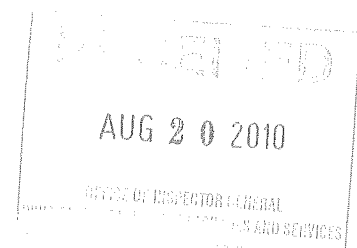
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025	Continued From page 6 2. Be protected by an approved device designed for the specific purpose. (b) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall 1. Be filled with a material capable of maintaining the smoke resistance of the smoke barrier, or 2. Be protected by an approved device designed for the specific purpose. (c) Where designs take transmission of vibration into consideration, any vibration isolation shall 1. Be made on either side of the smoke barrier, or 2. Be made by an approved device designed for the specific purpose.	K 025		
K 062 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5.  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridors were maintained free from obstructions to full instant use in the case of fire or other emergency. This deficient practice affected one (1) of seven (7) smoke compartments, staff and approximately twenty (20) residents. The facility has the capacity for 100 beds with a census of 89 the day of survey.  The findings include:  During the Life Safety Code survey conducted on July 29, 2010, at 9:45am, with the Director of	K 062	<b>K-062</b>  The five noted sprinkler heads in the attic have been cleared of all blown in insulation and all other attic sprinklers have been checked to ensure that they are free of any obstructions. The Maintenance Director has checked all other sprinkler heads in the building and where needed, they were cleaned of paint and drywall mud, if cleaning was not possible, they were replaced by our sprinkler system contractor.  <b>Completion Date; August 20, 2010</b>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

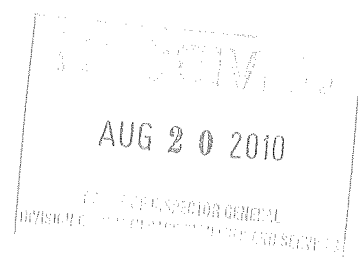
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	Continued From page 7 Maintenance, five sprinkler heads located in the attic area in the south corridor were noted to be covered with blown in insulation. This would keep the sprinkler heads from reacting as intended. An interview at this time with the maintenance director revealed the insulation was added about six months ago to help keep sprinkler piping from freezing in that area. The Director of Maintenance was not aware the sprinkler heads were covered with insulation.  Reference: NFPA 13 (1999 edition).  5-6.5.3* Obstructions that Prevent Sprinkler Discharge from Reaching the Hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. (457 mm) below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section.  Reference: NFPA 25 (1998 edition)  2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

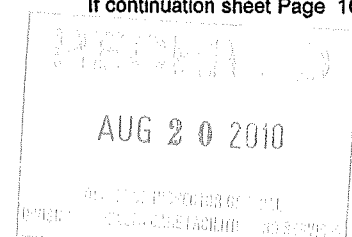
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185259	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/29/2010
NAME OF PROVIDER OR SUPPLIER  BRITTHAVEN OF PROSPECT			STREET ADDRESS, CITY, STATE, ZIP CODE 6301 BASS ROAD PROSPECT, KY 40059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 064	Continued From page 8  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the kitchen contained a Class-K portable fire extinguisher.  The findings include:  During the Life Safety Code tour on July 29, 2010, at 10:45am, with the Director of Maintenance, a Class-K portable fire extinguisher was noted not to be located in the kitchen area. This type of fire extinguisher is designed for grease fires and is a back up alternative to the range-hood fire suppression system. An interview at this time with the Director of Maintenance revealed that he was not aware of this requirement.  Reference: NFPA 10 1998 edition  2-3.2* Fire extinguishers provided for the protection of cooking appliances that use combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires.  2-3.2.1 A placard shall be conspicuously placed near the extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher.  NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	K 064	K-064  A new Class K portable fire extinguisher has been installed in the Kitchen area near the cooking range and a placard has been installed by the fire extinguisher that reads "that the fire protection system on the range is to be activated prior to using the fire extinguisher".  Completion Date August 17, 2010  K-069  A new ten inch stainless steel baffle has been installed on the side of the range to separate the range from the deep fryer. The baffle covers the side width of the range.		
K 069 SS=D		K 069			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 069	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure kitchen appliances were properly maintained as required.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on July 29, 2010, at 10:50am, with the Director of Maintenance, revealed a deep fryer adjacent to a gas cooking range in the kitchen area. These two items must be separated or protected to prevent an accidental fire from occurring. The range was observed to be located outside the coverage of the range hood. An interview revealed the Director of Maintenance was not aware of the requirements of the deep fat fryer or the proper location of the range under the range hood system.</p> <p>Reference: NFPA 96 1998 edition 9-1.2.3 All deep fat fryers shall be installed with at least a 16-in. (406.4-mm) space between the fryer and surface flames from adjacent cooking equipment. Exception: Where a steel or tempered glass baffle plate is installed at a minimum 8 in. (203 mm) in height between the fryer and surface flames of the adjacent appliance.</p> <p>9-1.2.2* Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior reevaluation of the fire-extinguishing system by the system installer or servicing agent, unless otherwise allowed by the design of the fire-extinguishing system.</p>	K 069	<p><b>K-069 continued;</b></p> <p>The range has been moved to ensure it is properly located under the range hood extinguishing system. When the range is moved for cleaning, the Maintenance Director and Dietary Manager will check the location after cleaning to ensure that the range is properly located.</p> <p><b>Completion Date August 27, 2010</b></p>		



K-064

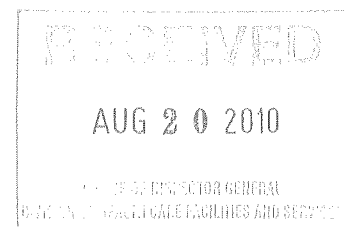
CLASS K FIRE EXTINGUISHER - KITCHEN



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

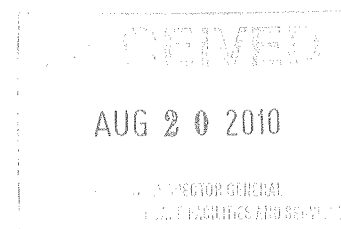
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 069	Continued From page 10 Exception: Cooking appliances moved to perform maintenance and cleaning provided the appliances are returned to their original positioning prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer ' s listed design manual.  A-9-1.2.2 The effectiveness of an automatic extinguishing system is affected by the placement of the nozzles. For this reason, it is essential that cooking appliances be situated in the area in which they were when the extinguishing equipment was designed and installed. If an appliance is moved from under the equipment for cleaning or any other reason, it should be replaced to its original position prior to initiating a cooking operation.	K 069			
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that corridors were maintained free from obstructions to full instant use in the case of fire or other emergency. This deficient practice affected two (2) of seven (7) smoke compartments, staff and approximately twenty	K 072	<b>K-072</b>  Wheelchairs, Geri-Chairs, Patient Lifts, Linen carts and other Patient Care related equipment, will not be stored in hallways. These items are used throughout the day as a part of routine patient care. They are moved in and out of patient rooms during each shift and are never stored for any extended period of time in the hallways.  Staff will be in serviced on the importance of maintaining clear egress down the hallways at all times.  The locks on the double doors leading into the dining room have been removed.  <b>Completion Date; August 27, 2010</b>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

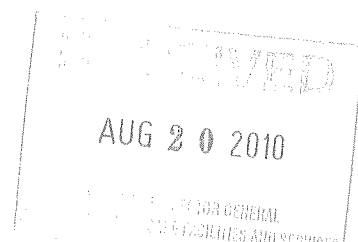
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 072	<p>Continued From page 11</p> <p>(20) residents. The facility has the capacity for 100 beds with a census of 89 the day of survey.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on July 29, 2010, at 9:00am, a linen cart, wheelchair, two lifts and a Geri-chair were noted to not be in use and unattended in the east corridor. At 11:00am, an interview with the Director of Maintenance revealed these same items were in use. An interview with a staff member at 11:10am revealed staff were aware these items needed to be stored out of the corridor when not in use. The staff member stated the linen cart routinely stayed in the corridor because there was not a designated place in the facility to store the linen cart. Corridors are intended for means of egress, internal traffic and emergency use, not storage spaces. The Life Safety Code has specific requirements for storage spaces. These items would also limit the use of the hand rails by occupants of the building when needed. At 11:30am a set of doors to the facility's dining area were noted to have a dead bolt type lock at the top of the door. These doors are part of a corridor exit and cannot be locked in this manner. The fire marshal's office cited the facility on September 15, 2003, for having this type of lock on this door and other doors that led to required exits throughout the facility. An interview with the Director of Maintenance revealed he forgot to remove all the locks.</p> <p>Reference: NFPA 101 2000 edition</p> <p>7.2.1.5.1. Doors shall be arranged to be opened readily</p>	K 072			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

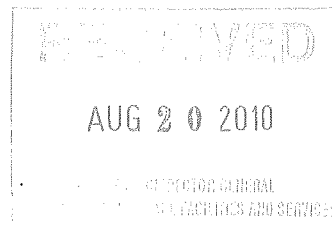
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 072	Continued From page 12 from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side.	K 072			
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that oxygen cylinders were stored according to NFPA standards.  The findings include:  During the Life Safety Code tour on July 29, 2010, at 10:15am, with the Director of Maintenance, forty two (42) E size oxygen tanks were noted to be stored in a room next to the nurse's station. These tanks were within five (5) feet of combustible storage. Oxygen cylinders while in storage and in quantities greater than 300 cubic feet must be kept five (5) feet from combustibles. An interview revealed the Director of Maintenance was not aware of this requirement. Quantities	K 076	<b>K-076</b>  The current oxygen storage room will be modified so that no more than twelve E tanks, (less than 300 cubic feet) will be stored in this area at one time. On the day of the Life Safety Survey, full tanks and empty tanks were being stored in the same area. We will designate a separate storage area near the rear of the building for temporary storage of empty containers until they are picked up by the oxygen provider. The current room will be modified so that there are no combustibles within five feet of the oxygen tanks. All tanks, empty and full, will be stored in a metal rack to prevent tipping.  <b>Completion Date; August 27, 2010</b>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

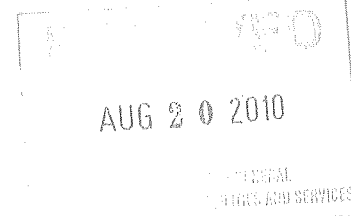
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  185259	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/29/2010
NAME OF PROVIDER OR SUPPLIER  BRITTHAVEN OF PROSPECT			STREET ADDRESS, CITY, STATE, ZIP CODE 6301 BASS ROAD PROSPECT, KY 40059		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 076	<p>Continued From page 13 less than 300 cubic feet may follow the requirements of S&amp;C-07-10.</p> <p>Reference: S&amp;C-07-10 Up to 300 cu ft of nonflammable medical gas can be located outside of an enclosure (per smoke compartment) at locations open to the corridor such as at a nurse 's station or in a corridor of a healthcare facility. This amount of nonflammable medical gas per smoke compartment is not considered a hazard if the containers are properly secured, such as in a rack to prevent them from tipping over or being damaged. In this case the medical gas is considered an "operational supply" and not storage. If the cylinders are placed in a corridor they should be placed so as not to obstruct the use of the corridor. This amount of medical gas is in addition to those cylinders contained in "crash carts" and in use on wheelchairs or gurneys. The term "PRN" means "as needed." An individual cylinder placed in a patient room for immediate use by a patient is not required to be stored in an enclosure and is considered in use. It should be secured to prevent tipping or damage to the cylinder. If the resident does not need the use of oxygen for an extended period of time, such as several days, then the medical gas container should be removed from the room and properly secured in an approved storage room. Reference: NFPA 99 1999 edition 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m3 (300 ft3) but less than 85 m3 (3000 ft3) (A) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible</p>	K 076			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

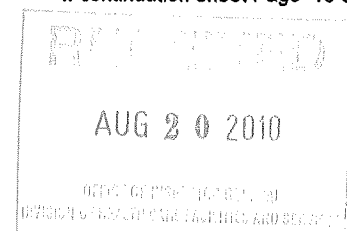
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 076	Continued From page 14 construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (B) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (C) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage. 8-3.1.11.3 Signs. A precautionary sign, readable from a distance of 5 ft (1.5 m), shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: CAUTION OXIDIZING GAS(ES) STORED WITHIN NO SMOKING	K 076			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2   This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 147	<b>K-147</b>  A ground fault rated (GFCI) receptacle has been installed in the area near the kitchen sink noted during the Life Safety Survey.  <b>Completion Date; August 18, 2010</b>		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 147	<p>Continued From page 15</p> <p>failed to ensure that electrical wiring met NFPA standards.</p> <p>The findings include:</p> <p>During the Life Safety Code tour on July 29, 2010, at 10:55am, with the Director of Maintenance, revealed an electrical outlet located within six feet of the sink in the kitchen area was noted not to be Ground Fault rated (GFCI). These type of receptacles help prevent personnel from accidental shock by receptacles located near wet areas. An interview revealed the Director of Maintenance was not aware this outlet should be GFCI rated.</p> <p>Reference: NFPA 70 1999 edition</p> <p>517-20. Wet Locations</p> <p>a. All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection for personnel if interruption of power under fault conditions can be tolerated, or be served by an isolated power system if such interruption cannot be tolerated. Exception: Branch circuits supplying only listed, fixed, therapeutic and diagnostic equipment shall be permitted to be supplied from a normal grounded service, single- or 3-phase system, provided that</p> <p>a. Wiring for grounded and isolated circuits does not occupy the same raceway, and</p> <p>b. All conductive surfaces of the equipment are grounded.</p> <p>b. Where an isolated power system is utilized, the equipment shall be listed for the purpose and installed so that it meets the provisions of and is in accordance with Section 517-160.</p>	K 147			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>185259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/29/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRITTHAVEN OF PROSPECT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6301 BASS ROAD PROSPECT, KY 40059</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147.	Continued From page 16 FPN: For requirements for installation of therapeutic pools and tubs, see Part F of Article 680.	K 147			

K-069      BAFFLE PANEL ADDED TO STOVE  
TO SEPARATE FROM DEEP FRYER

